APLE FOR DISTRICT INTERNS **APPLICATION 2008-09**



 Last Name 			Please print or type)		
		First Name	Middle Initial	2. Social S	Security Number (SS
3. Street Address	s		City	State	Zip Code
4. Date of Birth	5. Telephone Numbers	6. I am a U.S. Citiz	en or Eligible Non-citizen	7. Passed the CBEST?	8. Cumulative GPA
MM / DD / YYYY	Home # () Cellular/Alternative # ()	Immigration ar	e evidence from the U.S. nd Naturalization Service n eligible noncitizen.)	Yes No	
College units	I have completed: Unde	ergraduate units:	sem/qtr	Graduate units:	sem/qtr
0. I currently hol	d <u>or expect to receive</u> the	e following credentia	al:		
Credential Typ	pe:		Date received or	expected:	1 1
*If yes, indicate th	ne lender, type, and state	-	ational loans:		
	Subsidized Unsubsid		Status Loar Delinquent Balan		nder/Servicer
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APLE FOR DISTRICT INTERNS APPLICATION CONTINUED The following information is for statistical purposes: 13. Marital Status 17. I describe myself as one of the following: 14. Age 15. Gender 16. My (and my spouse's, if applicable) adjusted gross (1) African American (5) Asian American income for 2006: Single Male (2) Latino, Chicano (6) Native American Married **Female** (3) Filipino (7) Caucasian Divorced (4) Pacific Islander (8) Other By my signature, I understand and agree that: I must continue in the District Intern Program until I am recommended for a preliminary or clear teaching credential. I agree to obtain a California K – 12 credential and teach in California schools grades K – 12, depending on my subject area. I must have received, or have been approved to receive, an eligible educational loan. My application must be submitted to the APLE District Intern Coordinator by the deadline they have established. If I am selected as an APLE District Intern participant, I must sign a Loan Assumption Agreement promising to provide four consecutive years of qualifying teaching service in the area designated in item #12 of this application. I will comply with all educational loan repayment obligations and continue making scheduled payments on educational loan(s) until notified by my lender that the loan is paid in full. I declare under penalty of the laws of the State of California and of the United States that this form has been examined by me and to the best of my knowledge and belief is true, correct and complete. I am free of any obligation to repay any state or federal educational grant and I am not in default or delinquent on any state or federally insured educational loan. I authorize the Commission to receive and to release my student records, information regarding this application, and other information I have provided concerning my application between institutions and appropriate public and private agencies. Please sign and date: SIGNATURE OF APPLICANT DATE **EMAIL ADDRESS** ***PLEASE RETURN TO THE APLE DISTRICT INTERN COORDINATOR*** SECTION II: TO BE COMPLETED BY APPLICANT'S DISTRICT INTERN OFFICIAL 1. District Intern program the applicant will be participating in during the current academic year: School Name: District Intern Program: Date the applicant is expected to complete training for: a preliminary or clear teaching credential: a specialist credential in Reading and Language Arts OR Education Specialist Instruction: By my signature, I hereby declare that the above information is true as is reflected on current official school records. School Seal (Signature of District Intern Official) Must Be Affixed (Printed or Typed Name of Official) (Phone Number)

(Fax Number)

(Date)

G-172 (Rev. 09-08) 250

(Email Address of Official)

(Title of Official)